SENDER. COMPLETE THIS SECTION FILED.	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Price Cattach Maisonet</li> <li>247 Calle Sierre Morena</li> <li>PMB 801</li> <li>San Juan, PR 60924 5583</li> </ul>	A. Signature  X		
9590 9402 5309 9154 8441 27  2. Article Number (Transfer from service label)	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Signature Gonfirmation™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™		
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United States
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ESTRELLA LLC 
ATTORNEYS & COUNSELORS 
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Estrella, LLC | Attorneys & Counselors PO Box 9023596 San Juan PR 00902

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PO Box 9023596 San Juan, Puerto Rico 00902









RICARDO ESTRADA MAISONET CALLE AMAZONA SUITE 6 PMB 136137 SAN JUAN PR 00926

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RETURN TO SENDER INSUFFICIENT ADDRESS UNABLE TO FORWARD

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Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery	
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9590 9402 5309 9154 8442 33	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricte Delivery ☐ Return Receipt for Merchandise	

SENDER: COMPLETE THIS SECTION Filed	COMPLETE THE SECTION ON	PESIVERY 11:31:40
<ul> <li>Complete items 1, 2, and 3. EXhibit Invoice</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Ricardo Estrado Maisonet</li> <li>PO Box 19 0759</li> <li>San Juan, PR 00919 - 0759</li> </ul>	B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No	
9590 9402 5309 9154 8441 34  2. Article Number (Transfer from service label) 7019 1120 0001 6794 3131	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery	□ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricte Delivery □ Return Receipt for Merchandise □ Signature Confirmation □ Restricted Delivery
PS Form 3811 July 2015 PSN 7530-02-000-9053	(over \$500)	Omestic Return Receipt

